

L24000129116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM 4 SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIO R. MANZANERO

(Contact Person)

TEAM 4 SOLUTIONS, LLC

(Firm/Company)

840 N.E. 116 STREET

(Address)

MIAMI, FL 33161

(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

MARIO R. MANZANERO at (786) 486-6047
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TEAM 4 SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L24000129116

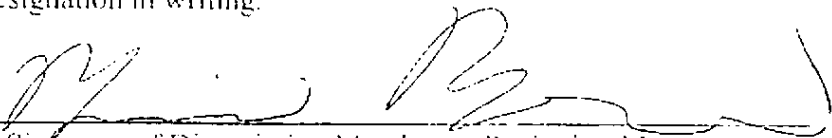
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/27/2024

4. I, MARIO R. MANZANERO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

6/27/2024

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Mario R. Manzanero
310 N.E. 116th Street
Biscayne Park, FL 33161

Team 1 Solutions, LLC
130 Mendoza Avenue, Apt. 12
Coral Gables, FL 33134

Attn: Ms. Luisa E. Cordoba Arevalo

Dear Ms. Luisa:

This is to inform you that as a passive member of Team 1 Solutions, LLC, I am terminating my resignation effective April 3, 2024. I had not notified the limited partnership earlier due to attenuating circumstances.

I have requested the registered agent, Grana Consulting, Inc. to also delete my address from the Department of State, Florida Division of Corporations effective immediately. Additionally, I am hereby requesting the firm to also remove my home address from the Division of Corporations registration cited above.

I trust that Team 1 Solutions will address their due diligence to amend the records at the State of Florida and Federal (Department of the Treasury) records.

Sincerely,

Mario R. Manzanero



Date:

4/30/2024

Copy: Grana Consulting, Inc.

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STOCKHOLDERS OF STATE
TALLAHASSEE, FL